Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08/1</u> 0/07	Address:	840 Harvest Drive Apt C	
Case #:	<u>16F17462</u>		Kokomo, Indiana	
County:	Howard/34		<u>46901</u>	
Type of Laboratory Seizure (check one) Operational Lab			Seizure Location (cheek all that apply)	
Chemica Dumpsi	al/Glassware/Equipment (only)	⊠ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Corrosive	id: Location (bedroom, kitchen, of at apply) [Ammonia Reaction(s): sphorous/Iodine Reaction(s): ble Solvents: Coleman/kitchen cactive Metal (Lithium): us Ammonia: loric Acid Gas Generator(s): e Acid: kitchen a Base: em and location): smoking device			
Child under age 18 discovered (check one) Yes n/a (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine/ ☐ Retail/Mere ☑ Other: <u>How</u>	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Howard Co. Shf. Dept.	
This report is to be faxed to the following agencies that serve the location:				
	ent: Kokomo F.D.	Fax: <u>765-456</u>		
Health Department: <u>Howard Co.</u>		Fax: <u>765-456</u> Fax: <u>N/A</u>	<u>i-2292</u>	
Child Protecti	on Service: <u>N/A</u>	1401 1421		
For further information regarding this methamphetamine laboratory, contact nvestigating Officer: R.A. Burgess Phone 765-473-6666				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.